

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		8/30/99
O.I.P.E. CLASSIFIER		12	9/2
FORMALITY REVIEW	DES	65085	9 8 99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	08/08/99
2	08/08/99
3	08/08/99
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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